



## Complete Summary

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### TITLE

Major depressive disorder (MDD): percentage of patients aged 18 years and older with confirmed diagnosis of MDD who had a suicide risk assessment completed at each visit.

### SOURCE(S)

Physician Consortium for Performance Improvement™. Clinical performance measures: major depressive disorder. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2005. 6 p. [17 references]

## Measure Domain

### PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

### SECONDARY MEASURE DOMAIN

Does not apply to this measure

## Brief Abstract

### DESCRIPTION

This measure is used to assess the percentage of patients aged 18 years and older with confirmed diagnosis of major depressive disorder (MDD) who had a suicide risk assessment completed at each visit.

### RATIONALE

Major depressive disorder (MDD) is a highly prevalent disorder, which has a significant impact on a person's ability to function. Currently, MDD is the leading cause of disability in the United States. There is evidence that MDD can be comorbid with a variety of medical and mental health conditions, including diabetes, ischemic heart disease, cancer, panic disorder, and alcohol or drug abuse/dependence.

Despite potential risks and established clinical guidelines, recent data suggest that some patients are not being managed optimally for this disease.

#### PRIMARY CLINICAL COMPONENT

Major depressive disorder (MDD); suicide risk assessment

#### DENOMINATOR DESCRIPTION

All patients aged 18 years and older with confirmed diagnosis of major depressive disorder (MDD)

#### NUMERATOR DESCRIPTION

Patients who had a suicide risk assessment at each visit

### Evidence Supporting the Measure

#### EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence
- One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

#### NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [Practice guideline for the treatment of patients with major depressive disorder.](#)

### Evidence Supporting Need for the Measure

#### NEED FOR THE MEASURE

Variation in quality for the performance measured

#### EVIDENCE SUPPORTING NEED FOR THE MEASURE

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. National Household Survey on Drug Abuse. 1994-97. Cited by: Healthy People 2010. Leading Health Indicators. Available at: [http://www.health.gov/healthypeople/Document/HTML/uih/uih\\_4.htm](http://www.health.gov/healthypeople/Document/HTML/uih/uih_4.htm). Accessed: August 2002.

The state of health care quality, 2002. [internet]. National Committee for Quality Assurance; [cited 2003 Jan 01].

## State of Use of the Measure

### STATE OF USE

Current routine use

### CURRENT USE

Internal quality improvement

## Application of Measure in its Current Use

### CARE SETTING

Ambulatory Care  
Community Health Care  
Managed Care Plans  
Physician Group Practices/Clinics  
Rural Health Care

### PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses  
Physician Assistants  
Physicians

### LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Individual Clinicians

### TARGET POPULATION AGE

Age greater than or equal to 18 years

### TARGET POPULATION GENDER

Either male or female

### STRATIFICATION BY VULNERABLE POPULATIONS

Unspecified

## Characteristics of the Primary Clinical Component

### INCIDENCE/PREVALENCE

In a given year, approximately 5% of Americans, aged 18 years or older, suffer from depression.

One in six Americans will suffer from major depressive disorder (MDD) at some point during their lives.

Data suggest that psychological treatments and/or medications are 80% effective on individuals with depression; however, in 1997, less than 25% of adults diagnosed with depression received treatment.

The average performance of the National Committee for Quality Assurance accredited health plans for the Health Plan Employer Data & Information Set (HEDIS®) Antidepressant Medication Management Measures is as follows:

- Fifty-seven percent of all patients diagnosed with a new episode of MDD receive antidepressants during the acute phase.
- Of those patients, 40% continue to receive antidepressant medication during the continuation phase.
- About 20% of MDD patients have three or more outpatient follow-up visits with a primary care or mental health practitioner.

#### EVIDENCE FOR INCIDENCE/PREVALENCE

Davidson JR, Meltzer-Brody SE. The underrecognition and undertreatment of depression: what is the breadth and depth of the problem. J Clin Psychiatry 1999; 60 Suppl 7: 4-9; discussion 10-1. [34 references] [PubMed](#)

Regier DA, Narrow WE, Rae DS, Manderscheid RW, Locke BZ, Goodwin FK. The de facto US mental and addictive disorders service system. Epidemiologic catchment area prospective 1-year prevalence rates of disorders and services. Arch Gen Psychiatry 1993 Feb; 50(2): 85-94. [PubMed](#)

Substance Abuse and Mental Health Services Administration, Office of Applied Studies. National Household Survey on Drug Abuse. 1994-97. Cited by: Healthy People 2010. Leading Health Indicators. Available at: [http://www.health.gov/healthypeople/Document/HTML/uih/uih\\_4.htm](http://www.health.gov/healthypeople/Document/HTML/uih/uih_4.htm). Accessed: August 2002.

The state of health care quality, 2002. [internet]. National Committee for Quality Assurance; [cited 2003 Jan 01].

#### ASSOCIATION WITH VULNERABLE POPULATIONS

Unspecified

#### BURDEN OF ILLNESS

In the United States, major depressive disorder (MDD) is the cause of more than two-thirds of all suicides each year.

#### EVIDENCE FOR BURDEN OF ILLNESS

Healthy people 2010: leading health indicators. [internet]. Washington (DC): Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services; [cited 2002 Aug 01].

## UTILIZATION

Unspecified

## COSTS

The total direct and indirect costs of depression in the United States are estimated at more than \$43 billion annually.

## EVIDENCE FOR COSTS

1999 Surgeon General's report. [internet]. Washington (DC): National Mental Health Information Center; [cited 2002 Aug 01].

## Institute of Medicine National Healthcare Quality Report Categories

## IOM CARE NEED

Getting Better

## IOM DOMAIN

Effectiveness  
Safety

## Data Collection for the Measure

## CASE FINDING

Users of care only

## DESCRIPTION OF CASE FINDING

All patients aged 18 years and older with confirmed diagnosis of major depressive disorder (MDD)

## DENOMINATOR SAMPLING FRAME

Patients associated with provider

## DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All patients aged 18 years and older with confirmed diagnosis of major depressive disorder (MDD)

Exclusions  
None

#### RELATIONSHIP OF DENOMINATOR TO NUMERATOR

All cases in the denominator are equally eligible to appear in the numerator

#### DENOMINATOR (INDEX) EVENT

Clinical Condition

#### DENOMINATOR TIME WINDOW

Time window follows index event

#### NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions  
Patients who had a suicide risk assessment at each visit

Exclusions  
None

#### MEASURE RESULTS UNDER CONTROL OF HEALTH CARE PROFESSIONALS, ORGANIZATIONS AND/OR POLICYMAKERS

The measure results are somewhat or substantially under the control of the health care professionals, organizations and/or policymakers to whom the measure applies.

#### NUMERATOR TIME WINDOW

Encounter or point in time

#### DATA SOURCE

Medical record

#### LEVEL OF DETERMINATION OF QUALITY

Individual Case

#### PRE-EXISTING INSTRUMENT USED

None

### Computation of the Measure

#### SCORING

Rate

#### INTERPRETATION OF SCORE

Better quality is associated with a higher score

#### ALLOWANCE FOR PATIENT FACTORS

Unspecified

#### STANDARD OF COMPARISON

Internal time comparison

### Evaluation of Measure Properties

#### EXTENT OF MEASURE TESTING

Unspecified

### Identifying Information

#### ORIGINAL TITLE

Major depressive disorder: suicide risk assessment.

#### MEASURE COLLECTION

[The Physician Consortium for Performance Improvement Measurement Sets](#)

#### MEASURE SET NAME

[Physician Consortium for Performance Improvement: Major Depressive Disorder Physician Performance Measurement Set](#)

#### SUBMITTER

American Medical Association on behalf of the Physician Consortium for Performance Improvement

#### DEVELOPER

Physician Consortium for Performance Improvement

#### ADAPTATION

Measure was not adapted from another source.

#### RELEASE DATE

2003 Oct

#### REVISION DATE

2005 Aug

#### MEASURE STATUS

This is the current release of the measure.

This measure updates a previous version: Physician Consortium for Performance Improvement. Clinical performance measures: major depressive disorder. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2003. 6 p.

#### SOURCE(S)

Physician Consortium for Performance Improvement™. Clinical performance measures: major depressive disorder. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2005. 6 p. [17 references]

#### MEASURE AVAILABILITY

The individual measure, "Major Depressive Disorder: Suicide Risk Assessment," is published in the "Clinical Performance Measures: Major Depressive Disorder." This document and technical specifications are available in Portable Document Format (PDF) from the American Medical Association (AMA)-convened Physician Consortium for Performance Improvement Web site: [www.physicianconsortium.org](http://www.physicianconsortium.org).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

#### COMPANION DOCUMENTS

The following are available:

- Physician Consortium for Performance Improvement. Introduction to physician performance measurement sets. Tools developed by physicians for physicians. Chicago (IL): American Medical Association (AMA); 2001 Oct. 21 p. This document is available from the American Medical Association (AMA) Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).
- Physician Consortium for Performance Improvement. Principles for performance measurement in health care. A consensus statement. [online]. Chicago (IL): American Medical Association (AMA), Joint Commission on the Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); [3 p]. This document is available from the AMA Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).



- Physician Consortium for Performance Improvement. Desirable attributes of performance measures. A consensus statement. [online]. American Medical Association (AMA), Joint Commission on Accreditation of Healthcare Organizations (JCAHO), National Committee for Quality Assurance (NCQA); 1999 Apr 19 [cited 2002 Jun 19]. [5 p]. This document is available from the AMA Clinical Quality Improvement Web site: [www.ama-assn.org/go/quality](http://www.ama-assn.org/go/quality).

For further information, please contact AMA staff by e-mail at [cqi@ama-assn.org](mailto:cqi@ama-assn.org).

## NQMC STATUS

This NQMC summary was completed by ECRI on February 26, 2004. The information was verified by the measure developer on October 6, 2004. This NQMC summary was updated by ECRI on September 28, 2005. The information was verified by the measure developer on November 9, 2005.

## COPYRIGHT STATEMENT

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These Measures are intended to assist physicians in enhancing quality of care. Measures are designed for use by any physician who manages the care of a patient for a specific condition or for prevention. These performance Measures are not clinical guidelines and do not establish a standard of medical care. The Consortium has not tested its Measures for all potential applications. The Consortium encourages the testing and evaluation of its Measures.

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Date Modified: 9/25/2006

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